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DECLARATION Supplemental Sheet For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor

Enter Deceased or Incapacitated Inventor's Name	John Keith Knight	Page 1 of 1
		Y ———

Name of Legal Representative: A petition has been filed for this non-signing legal representative								
Given Name (first and middle (if any))	Family Name or Sumame							
Beverly Anne	Knight							
Legal Representative's BereleyCume	21							
Residence: City Donvale (VIC)	State		Cou	_{ntry} AU	Citizenship	NZ, AU		
Mailing Address 6 Sonia Street								
Mailing Address					· • · · · · · · · · · · · · · · · · · ·			
_{City} Donvale		State VIC Zip 311		Zip 3111	Country	AU		
Name of Additional Legal Representative, if any: A petition has been filed for this non-signing legal representative								
Given Name (first and middle (if any))	Family Name or Surname							
Legal Representative's Signature	•	Date						
Residence: City State		Country		Country	Citizenship			
Mailing Address								
Mailing Address								
City State		e	Zip		Country			
Name of Additional Legal Representative, if any: A petition has been filed for this non-signing legal representative								
Given Name (first and middle (if any))		Family Name or Surname						
Legal Representative's Signature		Date						
Residence: City	State	tate		Country		Citizenship		
Mailing Address								
Mailing Address								
City	State	State		Zip	Country			

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